

BEFORE THE ARIZONA MEDICAL BOARD

In the Matter of

WILLIAM M. COCHRAN, M.D.

Holder of License No. 15469
For the Practice of Medicine
In the State of Arizona.

Case No. MD-03-0370
MD-03-0184

**CONSENT AGREEMENT FOR
LICENSE REACTIVATION, A DECREE
OF CENSURE, RESTRICTION AND
PROBATION**

CONSENT AGREEMENT

By mutual agreement and understanding, between the Arizona Medical Board ("Board") and William M. Cochran, M.D. ("Respondent"), the parties agreed to the following disposition of this matter at the Board's public meeting on June 12, 2003.

1. Respondent acknowledges that he has read and understands this Consent Agreement and the stipulated Findings of Fact, Conclusions of Law and Order ("Consent Agreement"). Respondent acknowledges that he understands he has the right to consult with legal counsel regarding this matter and has done so or chooses not to do so.

2. Respondent understands that by entering into this Consent Agreement he voluntarily relinquishes any rights to a hearing or judicial review in state or federal court on the matters alleged, or to challenge this Consent Agreement in its entirety as issued by the Board, and waives any other cause of action related thereto or arising from said Consent Agreement.

3. Respondent acknowledges and understands that this Consent Agreement is not effective until approved by the Board and signed by its Executive Director.

4. All admissions made by Respondent are solely for final disposition of this matter and any subsequent related administrative proceedings or civil litigation involving the Board and Respondent. Therefore, said admissions by Respondent are not intended or made for any other use, such as in the context of another state or federal government

1 regulatory agency proceeding, civil or criminal court proceeding, in the State of Arizona or
2 any other state or federal court.

3 5. Respondent acknowledges and agrees that upon signing this Consent
4 Agreement and returning this document (or a copy thereof) to the Board's Executive
5 Director, Respondent may not revoke his acceptance of the Consent Agreement.
6 Respondent may not make any modifications to the document. Any modifications to this
7 original document are ineffective and void unless mutually approved by the parties.

8 6 Respondent further understands that this Consent Agreement, once
9 approved and signed, is a public record that may be publicly disseminated as a formal
10 disciplinary action of the Board and will be reported to the National Practitioner's Data
11 Bank and posted on the Arizona Medical Board web site.

12 7. If any part of the Consent Agreement is later declared void or otherwise
13 unenforceable, the remainder of the Consent Agreement in its entirety shall remain in
14 force and effect.

15 Dr. Michael Cochran, M.D.
16 William M. Cochran, M.D.

5-21-03
Date

17 Calvin L. Raup, Esq.
18 Calvin L. Raup, Esq.
19 Approved as to Form

5/30/03
Date

1 **FINDINGS OF FACT**

2 **Case Number MD-03-0370**

3 1. The Board is the duly constituted authority for the regulation and control of
4 the practice of allopathic medicine in the State of Arizona.

5 2. Respondent is the holder of License No. 15469 for the practice of allopathic
6 medicine in the State of Arizona.

7 3. The Board initiated an investigation into Respondent's prescribing habits.
8 During this investigation the Board determined that Respondent was impaired and,
9 because Respondent had previously been under a probationary order for participation in
10 the Board's Monitored Aftercare Program ("MAP") that was no longer in effect,
11 Respondent requested that the Board inactive his license with cause. A.R.S. § 32-
12 1452(F). The underlying investigation into Respondent's prescribing habits (MD-03-0184)
13 continued while Respondent's license was inactive.

14 4. Subsequent to his license being inactivated with cause, Respondent
15 completed inpatient treatment at Rush Behavioral Health ("RUSH"). RUSH has
16 recommended that Respondent participate in MAP.

17 5. Respondent met with the Board's contracted addiction medicine specialist
18 ("Specialist") on April 30, 2003. The Specialist reported that since completing in-patient
19 treatment, Respondent has been voluntarily participating at his own expense in
20 Specialist's private monitoring program, and that Respondent is doing well. The Specialist
21 recommended that Respondent's license be reactivated and that Respondent be placed
22 on probation requiring his participation in MAP.

23 **Case Number MD-03-0184**

24 6. The Board initiated case number MD-03-0184 after completing a pharmacy
25 survey of 2,555 prescriptions/refills written or authorized by Respondent from August 1,

1 2000 through May 31, 2002 for 179 patients. The 2,555 prescriptions represented
2 408,012 dosage units of medication and were filled in 69 different pharmacies. The survey
3 revealed that Respondent prescribed large and/or questionable amounts of controlled
4 substance medications to 24 patients.

5 7. The Board retained an outside medical consultant ("Medical Consultant") to
6 review the pharmacy survey and Respondent's records for the 24 patients. The Medical
7 Consultant noted that, although "chronic pain syndrome" is not a valid diagnosis and has
8 no meaning in modern pain management, Respondent used this diagnosis with almost
9 every patient; that multiple patient complaints were treated with high doses of opioid
10 medications; that Respondent did not address addictive behavior, diversion of
11 medications, or tolerance to oral opioids; that almost all patients were prescribed multiple
12 oral opioid medications in extremely high numbers; that Respondent refilled medications
13 even though the patient canceled his/her appointment and Respondent had not evaluated
14 the patient's need; that neither Respondent nor his nursing staff regularly addressed
15 patients' pain levels; that most of the patients run out of the prescribed medication early
16 because they do not take the medications as directed and Respondent always provided
17 last-minute emergency refills; that there did not seem to be any patients whose conditions
18 improved with Respondent's therapy; that many of the pharmacy records show large
19 amounts of oral opioid medications prescribed within days of other large prescriptions
20 even though it seems physiologically impossible for some of the patients to be taking the
21 doses prescribed; almost all of the patients had extremely poor neurologic and orthopedic
22 evaluations; almost all of the patients were receiving multiple different opioids with no clear
23 cut strategy or plan for improvement; that many of the patients had alleged exacerbations
24 of their pain symptoms that were not worked up; that Respondent did not investigate the
25 etiology of the patient's aggravated pain symptoms; and that Respondent did not order the

1 proper diagnostic studies for many of his patients.

2 8. The Medical Consultant also noted that Respondent's pain assessments are
3 woefully inadequate and that in many of Respondent's cases he does not establish a clear
4 diagnosis. Additionally, the Medical Consultant found that the treatment plan in all of the
5 patients appears to be a uniform plan of extremely high doses of opioid medications with
6 no clearly established endpoint. The Medical Consultant also noted that none of the cases
7 he reviewed demonstrated any level of proper, competent pain management. The Medical
8 Consultant stated that an area of greater concern was that, although Respondent was
9 prescribing controlled substances to the patients, some of the patients had negative urine
10 screens. The Medical Consultant believed that negative urine screens in patients who
11 were being prescribed controlled substances is evidence of drug diversion, but despite this
12 evidence of diversion, Respondent continued to prescribe to these patients.

13 9. A second outside medical consultant ("Medical Consultant #2") retained by
14 the Board noted that Respondent used appropriate pain management paperwork, such as
15 opioid contracts and informed consent, but Respondent's actual practice of pain
16 management (including patient care) was less than appropriate. Medical Consultant #2
17 noted that while Respondent requested patients' past medical records Respondent
18 apparently was not using the records for accurate information and was not communicating
19 with other professionals who had treated his patients in the past. Medical Consultant #2
20 also noted that Respondent appeared to utilize excessive numbers of opioid medications
21 and excessive opioid dosages for pain problems without sufficient document to prove the
22 validity of the patient complaints. Medical Consultant #2 also noted that Respondent
23 seemed to ignore that many patients had histories of psychological and drug abuse issues
24 that would make them poor candidates for opioid management and that the pattern of
25 Respondent's practice is of almost routine prescribing of Methadone and OxyContin along

1 with some prescribing of MS Contin or Duragesic in large doses to patients who do not
2 appear to qualify for this approach. Medical Consultant #2 found that Respondent's
3 records seem to show a concern for his patients and not an "in-and-out" prescription-mill
4 practice, but Respondent was not selective in choosing patients for opioid management
5 and did not appear to sufficiently research the patients' past history or to heed the warning
6 signals in the histories or the warning signals presented by patients.

7 10. The standard of care required that Respondent prescribe appropriate doses
8 of controlled substance and prescription-only medications to patients only after he
9 recorded a proper patient history and physical examination, ordered or performed
10 adequate diagnostic studies and established a clear diagnosis for multiple somatic
11 complaints.

12 11. Respondent's conduct was unreasonable, given the standard of care,
13 because he prescribed inappropriate doses of controlled substance and prescription-only
14 medications and did not record a proper patient history and physical examination, did not
15 order or perform adequate diagnostic studies and did not establish a clear diagnosis for
16 multiple somatic complaints.

17 12. There was potential harm to the patients because Respondent's prescribing
18 practices could foster addictive behavior and there was a potential for a patient overdosing
19 on the medications prescribed by Respondent.

20 13. Respondent has recognized that he should not practice chronic pain
21 management.

22 14. On April 28, 2000 Respondent and the Board entered a Consent Agreement
23 ("2000 Consent Agreement") wherein Respondent agreed to not practice anesthesiology.
24 The 2000 Consent Agreement is still effective and is not effected by this Consent
25 Agreement.

1 **CONCLUSIONS OF LAW**

2 1. The Arizona Medical Board possesses jurisdiction over the subject matter
3 hereof and over Respondent.

4 2. The Board has received substantial evidence supporting the Findings of Fact
5 described above and said findings require the Board to either refer the matter for formal
6 hearing to revoke Respondent's license or reactive Respondent's license and place
7 Respondent on probation for 5 years with restrictions necessary to assure public safety.
8 A.R.S. § 32-1452(F).

9 **ORDER**

10 Based upon the foregoing Findings of Fact and Conclusions of Law,

11 IT IS HEREBY ORDERED that:

- 12 1. Respondent's license is reactivated upon payment of the renewal fee.
- 13 2. Respondent is issued a Decree of Censure for inappropriate prescribing of
14 controlled substance and prescription-only medications.
- 15 3. Respondent shall not practice pain management until applying to the Board,
16 and receiving the Board's affirmative approval, to resume such practice.
- 17 4. Respondent's practice of treating of chemical dependency patients who
18 require Schedule II or III controlled substances is restricted by the following:
- 19 a. Medical personnel other than Respondent must dispense all
20 medications ordered by Respondent within any clinic at which Respondent is
21 employed or is treating chemical dependency patients;
- 22 b. Medical personnel other than Respondent must directly observe
23 Respondent's chemical dependency patients taking any medications ordered by
24 Respondent and administered within any clinic at which Respondent is employed or
25 is treating chemical dependency patients;

1 c. No medications ordered by Respondent may be removed from the
2 clinic at which Respondent is employed or is treating chemical dependency
3 patients. Only chemical dependency patients who are reestablished in an opioid
4 treatment program and who qualify under SAMHSA/CSAT guidelines for privilege
5 advancement and "take home dosing" may remove their medications from the
6 clinic.

7 d. All prescriptions written by Respondent must be filled by the
8 pharmacy at the clinic at which Respondent is employed or is treating chemical
9 dependency patients.

10 e. Respondent may not treat chemical dependency patients who require
11 Schedule II or Schedule III controlled substances until Respondent, at his own
12 expense, retains a Practice Monitor. The Practice Monitor must be licensed to
13 practice allopathic medicine in the State of Arizona; must be qualified to evaluate
14 Respondent's treatment of chemical dependency patients; and must be approved
15 by the Board. The Practice Monitor shall:

16 i. Be available to consult with Respondent concurrently on issues
17 relating to the care of chemical dependency patients;

18 ii. Meet personally with Respondent at the intervals noted in Paragraph
19 (4)(g), to retrospectively review the care rendered by Respondent to each of his
20 chemical dependency patients;

21 iii. Review each chart prepared by Respondent at the intervals noted in
22 Paragraph (4)(g), to retrospectively review the care rendered by Respondent to
23 each of his chemical dependency patients, including the adequacy of his record
24 keeping;
25

1 iv. Prepare written reports to the Board at the intervals noted in
2 Paragraph (4)(g), concerning the care rendered by Respondent to chemical
3 dependency patients, including the adequacy of his record keeping; and

4 v. Work with Respondent to correct any deficiencies in Respondent's
5 practice.

6 f. In working with the Practice Monitor Respondent shall:

7 i. Fully inform the Practice Monitor of the issues raised by the Board in
8 its investigation of Respondent's practices;

9 ii. Consult freely with the Practice Monitor as necessary to insure
10 Respondent's practice is in compliance with the standard of practice and is
11 appropriately documented;

12 iii. Meet with the Practice Monitor at the intervals noted in Paragraph
13 (4)(g), to review the care rendered by Respondent to his chemical dependency
14 patients;

15 iv. Submit to the Practice Monitor at the intervals noted in Paragraph
16 (4)(g), charts prepared by Respondent in the treatment of his chemical dependency
17 patients; and

18 v. Correct any deficiencies identified in his practice by the Practice
19 Monitor, including the adequacy of his record keeping.

20 g. The intervals that apply to Paragraphs 4(e)(ii), (iii), (iv) and 4(f)(iii), (iv)
21 are as follows:

22 (i) During the first 90 days after the effective date of this Consent Agreement
23 Respondent shall meet weekly with the Practice Monitor to review the care
24 rendered by Respondent to his patients and Respondent's charts; and
25

1 (ii) The Practice Monitor shall prepare and file written reports with the Board
2 every 30 days.

3 (iii) During the next 90 days of the Consent Agreement Respondent shall
4 meet monthly with the Practice Monitor to review the care rendered by Respondent
5 to his patients and Respondent's charts; and

6 (iv) The Practice Monitor shall prepare a written report to the Board that
7 covers this 90-day period.

8 (v) For the next 180 days of the Consent Agreement Respondent shall meet
9 quarterly with the Practice Monitor review the care rendered by Respondent to his
10 patients and Respondent's charts; and

11 (vi) The Practice Monitor shall prepare and file with the Board quarterly
12 written reports at the end of each 90-day period.

13 (vii) The Practice Monitor at any time may randomly select representative
14 charts for review if the Practice Monitor concludes or suspects that Respondent is
15 not adequately protecting the health and welfare of Respondent's chemical
16 dependency patients.

17 (h) Upon completion of one year of monitoring with the Practice Monitor
18 Respondent may request that the Executive Director terminate the requirement that
19 Respondent engage the services of a Practice Monitor. The Executive Director
20 may terminate this requirement or may forward Respondent's request to the Board
21 for consideration. The Executive Director's or the Board's decision to terminate will
22 be based in part upon the Practice Monitor's recommendation. The Executive
23 Director or the Board may require any combination of Staff approved physical
24 examination, psychiatric and/or psychological evaluations, or other evaluation to
25 assist it in determining whether to terminate this requirement.

1 5. The 2000 Consent Agreement requiring that Respondent not practice
2 anesthesia is still in effect.

3 6. Respondent shall pay a \$2,500.00 civil penalty within 60 days of the effective
4 date of this Consent Agreement.

5 7. Respondent is placed on Probation for five years with the following terms
6 and conditions:

7 a. Respondent shall submit quarterly declarations under penalty of perjury on
8 forms provided by the Board, stating whether there has been compliance with all
9 conditions of probation. The declarations shall be submitted on or before the 15th of
10 March, June, September and December of each year, beginning on or before June 2003.

11 b. Respondent shall pay the costs associated with monitoring his probation as
12 designated by the Board each and every year of probation. Such costs may be adjusted
13 on an annual basis. Costs are payable to the Board no later than 60 days after the
14 effective date of this Order and thereafter on an annual basis. Failure to pay these costs
15 within 30 days of the due date constitutes a violation of probation.

16 c. 1. **Participation.** Respondent shall promptly enroll in and participate in the
17 Monitored Aftercare Program ("MAP") for the treatment and rehabilitation of physicians
18 who are impaired by alcohol or drug abuse. Respondent shall remain in MAP for five
19 years from the effective date of this Consent Agreement. Respondent's participation in
20 MAP may be unilaterally terminated with or without cause at the Board's discretion at any
21 time after the issuance of this Consent Agreement.

22 2. **Group Therapy.** Respondent shall attend MAP's group therapy sessions
23 one time per week for the duration of this Consent Agreement, unless excused by the
24 MAP group therapist for good cause such as illness or vacation. Respondent shall instruct
25 the MAP group therapist to release to the Board, upon its request, all records relating to

1 his treatment, and to submit monthly reports to the Board regarding attendance and
2 progress. The reports shall be submitted on or before the 10th day of each month.

3 **3. 12 Step or Self-Help Group Meetings.** Respondent shall attend ninety 12-
4 step meetings or other self-help group meetings appropriate for substance abuse and
5 approved by the Board, for a period of ninety days beginning not later than either (a) the
6 first day following his discharge from chemical dependency treatment or (b) the date of this
7 Consent Agreement.

8 **4.** Following completion of the ninety meetings in ninety days, Respondent shall
9 participate in a 12-step recovery program or other self-help program appropriate for
10 substance abuse as recommended by the MAP group therapist and approved by the
11 Board. Respondent shall attend a minimum of three 12-step or other self-help program
12 meetings per week.

13 **5. Board-Approved Primary Care Physician.** Respondent shall promptly
14 obtain a primary care physician and shall submit the name of the physician to Board Staff
15 in writing for approval. The Board-approved primary care physician ("PCP") shall be in
16 charge of providing and coordinating Respondent's medical care and treatment. Except in
17 an *Emergency*, Respondent shall obtain his medical care and treatment only from the PCP
18 and from health care providers to whom the PCP refers Respondent from time to time.
19 Respondent shall request that the PCP document all referrals in the medical record.
20 Respondent shall promptly inform the PCP of his rehabilitation efforts and provide a copy
21 of this Consent Agreement to that physician. Respondent shall also inform all other health
22 care providers who provide medical care or treatment that he is participating in the Board's
23 rehabilitation program.

24 **6. Medication.** Except in an *Emergency*, Respondent shall take no
25 *Medication*, unless his PCP or other health care provider to whom the PCP makes a

1 referral has prescribed the *Medication*. Respondent shall not self-prescribe any
2 *Medication*.

3 7. If a controlled substance is prescribed, dispensed, or is administered to
4 Respondent by any person other than PCP, Respondent shall notify the PCP in writing
5 within 48 hours. The notification shall contain all information required for the medication
6 log entry specified in paragraph 8. Respondent shall request that the notification be made
7 a part of the medical record. This paragraph does not authorize Respondent to take any
8 *Medication* other than in accordance with paragraph 6.

9 8. **Medication Log.** Respondent shall maintain a current legible log of all
10 *Medication* taken by or administered to him, and shall make the log available to the Board
11 and its Staff upon request. For *Medication* (other than controlled substances) taken on an
12 on-going basis, Respondent may comply with this paragraph by logging the first and last
13 administration of the *Medication* and all changes in dosage or frequency. The log, at a
14 minimum, shall include the following:

- 15 a. Name and dosage of *Medication* taken or administered;
- 16 b. Date taken or administered;
- 17 c. Name of prescribing or administering physician;
- 18 d. Reason *Medication* was prescribed or administered.

19 This paragraph does not authorize Respondent to take any *Medication* other than in
20 accordance with paragraph 6.

21 9. **No Alcohol or Poppy Seeds.** Respondent shall not consume alcohol or
22 any food or other substance containing poppy seeds or alcohol.

23 10. **Biological Fluid Collection.** During all times that Respondent is physically
24 present in the State of Arizona and such other times as Board Staff may direct,
25 Respondent shall promptly comply with requests from Board Staff, the MAP group

1 therapist, or the MAP director to submit to witnessed biological fluid collection. If
2 Respondent is directed to contact an automated telephone message system to determine
3 when to provide a specimen, she shall do so within the hours specified by Board Staff.
4 For the purposes of this paragraph, in the case of an in-person request, "promptly comply"
5 means "immediately". In the case of a telephonic request, "promptly comply" means that,
6 except for good cause shown, Respondent shall appear and submit to specimen collection
7 not later than two hours after telephonic notice to appear is given. The Board in its sole
8 discretion shall determine good cause.

9 **11.** Respondent shall provide Board Staff in writing with one telephone number
10 that shall be used to contact him on a 24 hour per day/seven day per week basis to submit
11 to biological fluid collection. For the purposes of this section, telephonic notice shall be
12 deemed given at the time a message to appear is left at the contact telephone number
13 provided by Respondent. Respondent authorizes any person or organization conducting
14 tests on the collected samples to provide testing results to the Board and the MAP
15 director.

16 **12.** Respondent shall cooperate with collection site personnel regarding
17 biological fluid collection. Repeated complaints from collection site personnel regarding
18 Respondent's lack of cooperation regarding collection may be grounds for termination
19 from the program.

20 **13. Payment for Services.** Respondent shall pay for all costs, including
21 personnel and contractor costs, associated with participating in the Monitored
22 Aftercare Program at time service is rendered, or within 30 days of each invoice
23 sent to him.

24 **14. Examination.** Respondent shall submit to mental, physical, and medical
25 competency examinations at such times and under such conditions as directed by the

1 Board to assist the Board in monitoring his ability to safely perform as a physician and his
2 compliance with the terms of this Consent Agreement.

3 **15. Treatment.** Respondent shall submit to all medical, substance abuse, and
4 mental health care and treatment ordered by the Board, or recommended by the MAP
5 director.

6 **16. Obey All Laws.** Respondent shall obey all federal, state and local laws, and
7 all rules governing the practice of medicine in the State of Arizona.

8 **17. Interviews.** Respondent shall appear in person before the Board and its
9 Staff and committees for interviews upon request, upon reasonable notice.

10 **18. Address and Phone Changes, Notice.** Respondent shall immediately
11 notify the Board in writing of any change in office or home addresses and telephone
12 numbers. Respondent shall provide Board Staff at least three business days advance
13 written notice of any plans to be away from office or home for more than five consecutive
14 days. The notice shall state the reason for the intended absence from home or office, and
15 shall provide a telephone number that may be used to contact Respondent.

16 **19. Relapse, Violation.** In the case of chemical dependency relapse by
17 Respondent or Respondent's use of drugs or alcohol in violation of the Order,
18 Respondent's license shall be **REVOKED**. Respondent agrees to waive formal hearing on
19 the revocation. In the alternative, Respondent may **SURRENDER HIS LICENSE** if he
20 agrees in writing to being impaired by alcohol or drug abuse.

21 **20. Notice Requirements.**

22 **(A)** Respondent shall immediately provide a copy of this Consent Agreement
23 to all employers and all hospitals and free standing surgery centers a which he currently
24 has privileges. Within 30 days of the date of this Consent Agreement, Respondent shall
25 provide the Board with a signed statement that he has complied with this notification

1 requirement. Upon any change in employer or upon the granting of privileges at additional
2 hospitals and free standing surgery centers, Respondent shall provide the employer,
3 hospital or free standing surgery center with a copy of this Consent Agreement. Within 30
4 days of a change in employer or upon the granting of privileges at additional hospitals and
5 free standing surgery centers, Respondent shall provide the Board with a signed
6 statement that he has complied with this notification requirement.

7 (B) Respondent is further required to notify, in writing, all employers,
8 hospitals and free standing surgery centers at which Respondent currently has or in the
9 future gains employment or privileges, of a chemical dependency relapse, use of drugs or
10 alcohol in violation of this Consent Agreement and/or entry into a treatment program.
11 Within seven days of any of these events Respondent shall provide the Board written
12 confirmation that he has complied with this notification requirement.

13 (C) Respondent shall immediately submit to the Board under penalty of
14 perjury, on a form provided by the Board, the name(s) and address(es) of all employers
15 and all hospitals and free standing surgery centers at which he currently holds privileges to
16 practice. Respondent is further required to, under penalty of perjury, on a form provided
17 by the Board, immediately notify the Board of any changes in employment and of any
18 hospitals and free standing surgery centers at which he gains privileges after the effective
19 date of this Consent Agreement.

20 21. **Public Record.** This Consent Agreement is a public record.

21 22. **Out-of State.** In the event Respondent resides or practices as a physician in
22 a state other than Arizona, he shall participate in the rehabilitation program sponsored by
23 that state's medical licensing authority or medical society. Respondent shall cause the
24 other state's program to provide written reports to the Board regarding his attendance,
25 participation, and monitoring. The reports shall be due on or before the 15th day of March

and September of each year, until the Board terminates this requirement in writing.

23. Respondent shall immediately obtain a treating psychotherapist approved by Board Staff and shall remain in treatment with the psychotherapist for a minimum of **12 months**. Respondent shall comply with the psychotherapist's recommendations for continuing care and treatment. Respondent shall instruct the psychotherapist to submit quarterly written reports to the Board regarding diagnosis, prognosis, and recommendations for continuing care and treatment. The reports must be submitted on or before the 15th day of March, June, September and December of each year. Respondent shall pay the expenses of psychotherapy and is responsible for paying for the preparation of the quarterly reports. After **12 months** Respondent may submit a written request to the Executive Director requesting that the Board terminate the requirement that Respondent remain in treatment with a psychotherapist. The decision to terminate will be based in part upon the treating psychotherapist's recommendation for continued care and treatment.

24. The Board retains jurisdiction and may initiate new action based upon any violation of this Consent Agreement.

II. DEFINITIONS

"Medication" means "prescription-only drug, controlled substance, and over-the-counter preparation, other than plain aspirin and plain acetaminophen."

"Emergency" means "a serious accident or sudden illness that, if not treated immediately, may result in a long-term medical problem or loss of life."

This Order is the final disposition of case numbers MD-03-0370 and MD-03-0184.

1 DATED this 11th day of June, 2003.

2 ARIZONA MEDICAL BOARD

3
4
5 By *Barry A. Cassidy*
6 BARRY A. CASSIDY, Ph.D. PA-C
7 Executive Director

8 ORIGINAL of the foregoing filed this
9 11th day of JUNE, 2003 with:

10 The Arizona Medical Board
11 9545 East Doubletree Ranch Road
12 Scottsdale, Arizona 85258

13 Executed copy of the foregoing
14 mailed by U.S. Certified Mail this
15 11th day of JUNE, 2003, to:

16 Calvin L. Raup
17 Shughart Thomson & Kilroy
18 3636 North Central Avenue – Suite 1200
19 Phoenix, Arizona 85012

20 Executed copy of the foregoing
21 mailed by U.S. Mail this
22 11th day of JUNE, 2003, to:

23 William Cochran, M.D.
24 1475 West Saint Marys Road
25 Tucson, Arizona 85745-3109

Copy of the foregoing hand-delivered this
11th day of JUNE, 2003, to:

Christine Cassetta
Assistant Attorney General
Sandra Waitt, Management Analyst
Compliance
Investigations (Investigation File)
Arizona Medical Board
9545 East Doubletree Ranch Road
Scottsdale, Arizona 85258

Brenda Allen
BOARD OPERATIONS



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmdboard.org • Email: questions@azmdboard.org

Governor

Janet Napolitano

Members of the Board

Sharon B. Megdal, Ph.D.
Vice-Chair
Public Member

Robert P. Goldfarb, M.D.
Secretary
Physician Member

Patrick N. Connell, M.D.
Physician Member

Ingrid E. Haas, M.D.
Physician Member

Tim B. Hunter, M.D.
Physician Member

J. Becky Jordan
Public Member

Ram R. Krishna, M.D.
Physician Member

Douglas D. Lee, M.D.
Physician Member

Lorraine L. Mackstaller, M.D.
Physician Member

William R. Martin, III, M.D.
Physician Member

Dona M. Pardo, Ph.D., R.N.
Public Member/R.N.

M. Chris Wertheim
Public Member

Executive Staff

Timothy C. Miller, J.D.
Executive Director

Amanda J. Diehl, M.P.A.
Deputy Executive Director

Barbara J. Kane
Assistant Director

Randi Orchard
Chief Financial Officer

Beatriz Garcia Stamps, M.D.
Medical Director

Cherie Pennington
Director of Human Resources

Gary Oglesby
Chief Information Officer

January 26, 2005

William M. Cochran, M.D.
4050 North Circulo Manzanillo
Tucson, AZ 85750-1879

**RE: 06/11/03 Consent Agreement for License Reactivation, A Decree of Censure,
Restriction and Probation
Case Nos.: MD-03-0370 & MD-03-0184, License No.: 15469**

Dear Dr. Cochran:

Your request for terminating your practice monitor has been granted. Mr. Timothy Miller, Executive Director, has approved the termination. You will no longer be required to submit quarterly reports from Gail M. Shultz, M.D. You will still be required to submit quarterly declarations, as well as, continue your participation in the MAP program.

If you are in need of any further assistance, please contact me at 480-551-2745.

Sincerely,

Paula Arcuri
Senior Compliance Officer

C: Compliance File
Gail M. Shultz, M.D.



Arizona Medical Board

9545 East Doubletree Ranch Road • Scottsdale, Arizona 85258-5514
Telephone: 480-551-2700 • Toll Free: 877-255-2212 • Fax: 480-551-2704
Website: www.azmdboard.org • Email: questions@azmdboard.org

Governor

Janet Napolitano

Members of the Board

Sharon B. Megdal, Ph.D.
Vice-Chair
Public Member

Robert P. Goldfarb, M.D.
Secretary
Physician Member

Patrick N. Connell, M.D.
Physician Member

Ingrid E. Haas, M.D.
Physician Member

Tim B. Hunter, M.D.
Physician Member

J. Becky Jordan
Public Member

Ram R. Krishna, M.D.
Physician Member

Douglas D. Lee, M.D.
Physician Member

Lorraine L. Mackstaller, M.D.
Physician Member

William R. Martin, III, M.D.
Physician Member

Donà M. Pardo, Ph.D., R.N.
Public Member/R.N.

M. Chris Wertheim
Public Member

Executive Staff

Timothy C. Miller, J.D.
Executive Director

Barbara J. Kane
Assistant Director

Randi Orchard
Chief Financial Officer

Beatriz Garcia Stamps, M.D.
Medical Director

Cherie Pennington
Director of Human Resources

Gary Oglesby
Chief Information Officer

PERSONAL AND CONFIDENTIAL

January 27, 2005

William M. Cochran, M.D.
4050 North Circulo Manzanillo
Tucson, Arizona 85750-1879

**Re: Consent Agreement for License Reactivation, A Decree of Censure,
Restriction and Probation, Case No. MD-03-0370, MD-03-0184**

Dear Dr. Cochran:

Your request for termination of your psychotherapy has been granted. You will no longer be required to submit quarterly reports from your treating psychotherapist.

If you have any questions, please contact Kathleen Muller at (480) 551-2716.

Sincerely,

Timothy C. Miller, J.D.
Executive Director

C: Kathleen Muller